

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 515460

1. Entity Name

SOUND DISTRIBUTORS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90165 044 ***150.00

Principal Place of Business 251 ROYAL PALM WAY %MENDOZA-CALLAS & SCHILLING-PO BOX 2715 PALM BEACH FL 33480-	Mailing Address 251 ROYAL PALM WAY %MENDOZA-CALLAS & SCHILLING-PO BOX 2715 PALM BEACH FL 33480-4300-
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Mendoza and Callas	3. Mailing Address c/o Mendoza and Callas
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Suite, Apt. #, etc. 251 Royal Palm Way, Ste 602	Suite, Apt. #, etc. P. O. Box 2715
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City & State Palm Beach, FL	City & State Palm Beach, FL
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Zip 33480	Country USA	Zip 33480	Country USA
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4. FEI Number 59-1429051	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480-1310**

7. Name and Address of New Registered Agent

Name Mario G. de Mendoza, III
Street Address (P.O. Box Number is Not Acceptable) c/o Mendoza and Callas
251 Royal Palm Way, Suite 602
City Palm Beach
State FL
Zip Code 33480

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Mario G. de Mendoza, III, Reg. Agt** DATE **2/8/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILKINSON, DEBRA 251 ROYAL PALM WAY PALM BEACH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE MENDOZA, MARIO G, III 251 ROYAL PALM WAY PALM BEACH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CINICOLO, PETER 251 ROYAL PALM WAY PALM BEACH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CINICOLO, JOHN 251 ROYAL PALM WAY PALM BEACH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:  **John Cinicolo, Pres.** DATE **3/27/00** (561) 691-4434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)